

ADMINISTRATIVE INFORMATION

Legal Name of Proposer: _____

INSTRUCTIONS: Answer each question or provide the required information for each statement below. The form must be signed by an authorized representative of the proposer. If responses require additional pages, identify the supporting pages/documentation with the applicable question or statement number and place the pages behind this form.

Identifying Information

1. The proposer must attach the following information:

If a Governmental Entity

*Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the proposer.

If a Non-profit or For-Profit Corporation

*Full names (last, first, middle), addresses, telephone numbers, titles and occupations of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (*e.g.*, chairperson, president, vice-president, treasurer, etc).

*Full names (last, first, middle) and addresses for each partner, officer, and director, as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if proposer is a for-profit corporation.

2. Is proposer a private, non-profit organization?

_____ YES _____ NO

If YES, proposer must include evidence of its non-profit status with the proposal. Any one of the following is acceptable evidence and should be attached following this form. Check the appropriate selection for the attached.

- _____ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax exempt organizations described in section 501(c)(3) of the IRS Code.
- _____ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- _____ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- _____ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the non-profit status of the organization.
- _____ (e) Any of the above proof for a State or national parent organization and a statement signed by the parent organization that the proposer is a local non-profit affiliate.

Conflict Of Interest and Contract History

The proposer must disclose any existing or potential conflicts of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the proposer, its principal, any affiliate, or sub-recipient with HHSC, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the proposer, the principals, any affiliate, or sub-recipient with any employee of HHSC, a participating agency, or their respective suppliers must be disclosed. Any such relationship that might be perceived or represented as a conflict must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, HHSC determines that a conflict of interest exists, HHSC may disqualify the proposer from further consideration for the award of a contract. Any explanations in response to the following questions should be attached to this form, with information identifying to which question the explanation responds.

1. Does anyone in the proposer have any existing or potential conflict of interest relative to the performance of the requirements of this RFP?

_____ YES _____ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict.

2. Has any proposer's executive management, project management, governing board, or principal officers been employed by the State of Texas within the past 24 months?

_____ YES _____ NO

If YES, indicate her/his name, job title, agency employed by, separation date, and reason for separation.

3. Has the proposer had a contract with HHSC or TDH within the past 24 months?

_____ YES _____ NO

If YES, indicate the contract number(s), name of contractor, vendor ID, and any other information available to identify the contract. Indicate if the contract(s) is/was probated, restricted, or otherwise subject to any type of sanction.

4. Has any member of proposer's executive management, project management, governing board, or principal officers contracted with HHSC or TDH during the past 24 months or been affiliated with an organization which has contracted with HHSC or TDH during the past 24 months?

_____ YES _____ NO

If YES, indicate the contract number(s), name of contractor, vendor ID, and any other information available to identify the contract. Indicate if the contract(s) is/was probated, restricted, or otherwise subject to any type of sanction.

5. Does proposer have any financial interest in a health plan that provides or has provided health care services under the Texas Medicaid Program, the Texas Health Kids Corporation, or any

program administered by TDH that provides care to children with complex special health care needs?

_____ YES _____ NO

If YES, detail what the financial interest is, the applicable health plan, and the applicable time period.

6. Is proposer or any member of proposer's executive management, project management, board members or principal officers delinquent on any state, federal or other debt or affiliated with an organization which is delinquent on any state, federal or other debt?

_____ YES _____ NO

If YES, please explain.

7. Has the proposer or any member of proposer's executive management, project management, board members or principal officers had a contract terminated for cause in the last five years or been affiliated with an organization which has had a contract terminated for cause in the last five years?

_____ YES _____ NO

If YES, submit full details, including the other party's name, address, and telephone number. Termination for cause is defined as notice to stop performance that was delivered to the proposer because of the proposer's nonperformance, improper performance, or wrongful performance, and the issue of performance was either (a) not appealed or litigated due to inaction on the part of the proposer, or (b) appealed or litigated and determined that the proposer was in breach. HHSC will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the proposer's or any member of proposer's executive management, project management, board members or principal officers past performance.

8. Within the past five years, has the proposer or any member of the proposer's executive management, project management, board members or principal officers been debarred, suspended, or otherwise excluded from or deemed ineligible for participation in Federal assistance programs or affiliated with an organization which has been debarred, suspended, or otherwise excluded from or deemed ineligible for participation in Federal assistance programs?

_____ YES _____ NO

If YES, and proposer is currently debarred, suspended, excluded, or ineligible, proposer may not apply for funding. If proposer has been debarred, suspended, excluded, or ineligible over the past five years but is now eligible, please explain.

9. Does the proposer or any member of proposer's executive management, project management, board members or principal officers owe funds to HHSC or other agency of the state or ever defaulted on an agreed repayment schedule with any funding organization?

_____ YES _____ NO

If YES, please explain.

Signature of Authorized Official	Title
Typed Name of Authorized Official	Date